New Mexico Medicaid: Applied Behavior Analysis (ABA)

Policy Number: BH803NM062024
Effective Date: June, 2024

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Introduction & Instructions for Use

Introduction

The following State or Contract Specific Clinical Criteria defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as Optum Health Behavioral Solutions of California ("Optum-CA")).

Other Clinical Criteria may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services.

Instructions for Use

When deciding coverage, the member's specific benefits must be referenced. All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member's specific benefit, the member's specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

Autism Spectrum Disorder & Applied Behavior Analysis

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder as defined by the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). ASD is a life-long disorder and as such requires ongoing supports and services that are necessary to develop, maintain and restore to the maximum extent practical the functioning of an individual.

Applied Behavior Analysis (ABA) is the use of techniques and principles used to bring meaningful and positive changes in behaviors. Applied behavior analysis (ABA) is the science in which the principles of the analysis of behavior are applied systematically to improve socially significant behavior and experimentation is used to identify the variables responsible for behavior change. ABA treatments have proved effective for ameliorating symptoms, developing adaptive behaviors, and reducing maladaptive behaviors to enhance healthy, successful functioning and prevent deterioration and regression in patients with disorders that arise during the developmental period. Examples of adaptive behaviors include social, communication, cognitive, leisure, self-care, daily living, vocational, and personal safety skills. Maladaptive behaviors that have been treated effectively with ABA procedures include self-injury, property destruction, pica (ingesting inedible items), aggression, elopement (wandering), obsessive behaviors, hyperactivity, and fearful behaviors.

ABA Coverage Criteria

Applied Behavior Analysis (ABA) services may be provided to members who have a well-documented medical diagnosis of autism spectrum disorder (ASD), or who are well-documented to be At-Risk for the development of ASD. As part of a three-stage comprehensive approach consisting of evaluation, assessment, and treatment, ABA services may be provided in coordination with other medically necessary services (e.g., family infant toddler program (FIT) services, occupational therapy, speech language therapy, medication management, developmentally disabled waiver services, etc.) which may be covered under the member's medical benefit.

ABA services are determined to be medically necessary when the member meets ONE of the following two categories:

At-Risk for ASD Criteria

- A Risk Evaluation of ASD must occur through an approved autism evaluation provider (AEP) through a comprehensive diagnostic evaluation (CDE).
- The member is 12-months to 36-months-old and meets At-Risk criteria to receive time-limited ABA services when full DSM criteria is not met for ASD which includes at least one of the following:
  - The member presents with developmental differences and/or delays as measured by standardized assessment;
  - The member demonstrates some characteristics of ASD (i.e., impairment in social communication and early indicators for the development of restricted and repetitive behavior);
  - The member presents with at least one genetic risk factor (e.g., the member has genetic risk due to having an older sibling with a well-documented medical diagnosis of ASD; the member has a diagnosis of Fragile X syndrome).

Diagnosed with ASD Criteria

- The member has a documented medical diagnosis of ASD according to the latest version of the DSM or the ICD is eligible for ABA services if he or she presents with a CDE or targeted evaluation;
- The member has a documented diagnosis of ASD at any time in their life from an AEP or Grace Exception Practitioner;
- ABA services are needed to ameliorate symptoms of autism, build adaptive behaviors, and/or reduce maladaptive behaviors to enhance the patient's health, safety, and overall functioning and/or to prevent deterioration or regression as documented by the AEP or Grace Exception Practitioner.
- Confirmation of the presence ASD must occur through an approved autism evaluation provider (AEP) through a comprehensive diagnostic evaluation (CDE) used to determine the presence of and a diagnosis of ASD.
- A targeted evaluation is used when the member who has a full diagnosis of ASD presents with behaviors that are changed from the last CDE.

Once criteria have been met for one of the two categories additional criteria includes:

- **Stage One**: An integrated service plan (ISP) must be developed by the AEP together with a referral to an approved ABA provider (AP) agency.
- **Stage Two**: The AP agency completes a behavior or functional analytic assessment. The assessment results determine if a focused or comprehensive model is selected, and a treatment plan is completed.
- **Stage Three (Treatment)**: Services are then rendered by a behavior analyst certification board (BACB) approved behavior analyst (BA), a board-certified assistant behavior analyst (BCaBA) or a behavior technician (BT), in accordance with the treatment plan.

Stage Three (ABA Treatment) Prior Authorization & Continued Service Requirements

- Prior authorization to continue ABA stage three services must be secured every six months.
- At each six-month authorization point, the reviewer will assess, with input from the family and AP's BA, whether or not changes are needed in the member's ISP or treatment plan.
- The family or AP may request ISP modifications prior to the six-month authorization point if immediate changes are warranted to preserve the health and wellbeing of the member.
- To secure the initial and ongoing prior authorization for stage three services, the AP must submit the prior authorization request, specifically noting:
  - The CDE or targeted evaluation and the ISP from the AEP (developed in stage one) along with the ABA treatment plan (developed in stage two);
  - The requested treatment model (focused or comprehensive), maximum hours of service requested per week;
  - The number of hours of case supervision requested per week, if more than two hours of supervision per 10 hours of intervention is requested; the BH policy and billing manual provides detailed requirements for case supervision;
  - The number of hours of clinical management requested per week, if more than two hours of clinical management per 10 hours of intervention is requested; and
  - The need for collaboration with an ABA specialty care provider, if such a need has been identified through initial assessment and treatment planning; after services have begun, the AP agency may refer the member to a SCP for a focused behavior or functional analytic assessment focusing on the specific care needs of the member.
  - The SCP will then request a prior authorization for specialty care services to the member.
- The request must document hours allocated to other services (e.g., early intervention through FIT, physical therapy, speech and language therapy) that are in the member's ISP in order to determine if the requested intensity (i.e., hours per week) is feasible and appropriate covered under the medical benefit.
- When a member's behavior exceeds the expertise of the AP and logistical or practical ability of the AP to fully support him or her, the AP is to refer the member for prior authorization to allow an ABA specialty care provider to intervene.
- The ABA specialty care provider will complete a targeted assessment including a functional assessment and provide the primary AP with, or to implement his or herself, individualized interventions to address the behavioral concerns for which the referral is based on medical documentation.
- Services may continue until the member no longer meets service criteria for ABA services.
- For concurrent Prior Authorization requests, a discussion of progress made towards the eligible recipient's discharge criteria stated in their Service Authorization; and documentation that demonstrates progress toward goal acquisition or barriers currently presented by the recipient.

Discharge Criteria

- The recipient requires a higher level of care of which ABA services are temporarily halted until the eligible recipient's presentation supports continuing ABA services by a team of their service providers, legal guardian of the eligible recipient, or as appropriate, the eligible recipient themselves.
- The member's comprehensive or targeted diagnostic evaluation or the ISP and treatment plan updates recommend placement in a higher, more intensive, or more restrictive level of care (LOC) and no longer recommends ABA services.
- Services should not be denied based on the recipient demonstrating progress on individual component skills that are the building blocks for the recipient to develop, maintain and/or restore functioning to the maximum extent practical. Services may be necessary (a) to prevent further advancement of a condition (maintenance or control); (b) ameliorative; or (c) corrective, as when services help a child reach the age-appropriate developmental level.

- If the recipient is not responding positively to ABA Stage 3 services for reason(s), including but not limited to, inadequate family participation, insufficient service intensity, or issues with the goals and/or associated interventions outlined in the ABA Treatment Plan, the BA may work with the Managed Care Organization Care Coordinator to address identified barriers of the member.
- Prior to termination or recommendation to halt in services, AP agency must first make every attempt internally to identify and address lack of response. However, if the coordinated efforts of the AP agency and MCO do not result in positive behavior change, the BA may request the recipient's AEP:
  - Complete a new CDE and ISP;
  - Complete a Targeted Evaluation and new ISP (when a new full CDE is not required);
  - Complete a new Risk Evaluation and new Risk Report for recipients under three years of age;
  - Complete an updated ISP.
- If the barriers are temporary or for a short duration (one month), the BA and recipient or Family Set may agree to halt services and restart at the predetermined date.
- If barriers cannot be overcome within one month, the AP agency may terminate ABA Stage 3 services to the recipient to allow time for barriers to be resolved.
  - Unless medically warranted for immediate discharge, discharge date must be at least 30 calendar days from the date the recipient or Family Set is notified in writing.
  - Once the recipient or Family Set agrees to restart services, the BA will complete ABA Stage 2 services and submit a new 6-month prior authorization.
  - If the length of time the recipient was not receiving services is past the recipient's last Service Authorization period, a new Service Authorization is to be submitted with the new prior authorization.
  - The AP agency is not obligated to accept the recipient back after they were terminated; instead, the AP agency may refer the recipient to another AP agency.

Non-Covered Services

- Activities that are not designed to accomplish the objectives delineated in covered services and that are not included in the ABA treatment plan.
- Activities that are not based on the principles and application of applied behavior analysis.
- Activities that take place in school settings and have the potential to supplant educational services.
- Activities that are better described as another therapeutic service (e.g., speech language therapy, occupational therapy, physical therapy, counseling, etc.), even if the practitioner has expertise in the provision of ABA.
- Activities which are better characterized as staff training certification or licensure or certification supervision requirements, rather than ABA case supervision.

Applied Behavior Analysis Service Expectations

ABA Stage 1

- Autism Evaluation Practitioners (AEP)s complete the initial evaluation.
- A practitioner who meets the requirements to conduct the Medical Assistance Division (MAD) approved ABA Stage 1 Comprehensive Diagnostic Evaluation (CDE), Targeted Evaluation, or Targeted Risk Evaluation. The AEP completes Evaluation Reports and develops the Integrated Service Plan (ISP) and recommends stage 2 services.
- For a member who has an existing ASD diagnosis, diagnostic re-evaluation is not necessary, but the development of an ISP and the determination of the medical necessity for ABA services are required.

ABA Stage 2:

- Behavior Analyst Certification Board (BACB) Qualified Psychologist and Board-Certified Behavior Analysts (BCBA and BCBA-Ds), or Mentored BCBAs and BCaBAs complete a functional analytic assessment, ABA service model, and treatment plan.
- The family, member (as appropriate for age and developmental level), and the AP's supervising BA work collaboratively to make a final determination regarding the clinically appropriate ABA service model, with consultative input from the AEP as needed.

- **A behavior or functional analytic assessment** addressing needs associated with both skill acquisition and behavior reduction is conducted, and an individualized ABA treatment plan, as appropriate for the ABA service model, is developed by the supervising BA. The BA is responsible for completing all of the following services:
    - the recipient's assessment;
    - selection and measurement of goals; and
    - treatment plan formulation and documentation.
- **Behavior Identification Assessment**
    - Direct observation, measurement, and recording of behavior are defining characteristics of ABA services.
    - The data serve as the primary basis for identifying pre-treatment levels, discharge goals, and evaluation of response to an ABA Treatment Plan. Direct observation and measurement of behavior assists the BA in developing and adapting treatment protocols on an ongoing basis. Direct observation of behavior should happen during naturally occurring opportunities as well as structured interactions.
- **File review and administration of behavior scales or other assessments as appropriate:**
    - The types of assessments utilized by the BA/Mentored BA should reflect the goal of treatment and should be responsive to ongoing data as they are collected and analyzed.
- **Interviews with the recipient, members of the Family Set, and other professionals:**
    - Members of the Family Set and other stakeholders are included when selecting treatment goals, protocols, and evaluating progress. These interviews, rating scales, and social validity measures should be used to assess the legal guardian and caregiver's perceptions of the recipient's skill deficits and behavioral excesses, and the extent to which these deficits and excesses impede the functioning of the recipient and member of their Family Set. The
    - recipient should also participate in these processes as developmentally appropriate.

- **Selection and Measurement of Goals**
    - Development of a target-behavior definition, method and frequency of measurement, and data presentation must be individualized to each situation, behavior, and available resources.
    - Behavioral targets should be prioritized based on their risk to recipient's safety, independence, and implications for their short and long-term health and well-being.
    - Baseline performance should be measured, and treatment goals should be developed for each critical domain and specified in terms that are observable and measurable so that there is agreement between stakeholders (i.e., the recipient, recipient's legal guardian, the AP, the MCO or TPA) regarding the presence, absence, or degree of behavior change relative to treatment goals and discharge criteria.
    - The ABA Treatment Plan should specify objective and measurable treatment protocols. It should include the service setting and level of service for the recipient. Data collection and analysis by the supervising BA/Mentored BA should occur frequently enough to permit changes to intervention procedures at a rate that maximizes progress. Data should be represented in graphical form, with visual inspection of graphed performance informing treatment modification, whenever possible.

ABA Stage 3:

- Services include Stage 2 practitioners as well as BACB Registered Behavior Technician (RBTs), Behavioral Intervention Certification Council (BICC) Board Certified Autism Interventionist (BCAT) and non-certified behavioral technicians.
- ABA Stage 3 services require prior authorization and may vary in terms of intensity, frequency and duration, the complexity and range of treatment goals, and the extent of direct treatment provided.
- Clinical management and case supervision: All stage three services require clinical management. If a BAA or a BT is implementing the treatment plan, the BAA or BT requires frequent, ongoing case supervision from his or her BA or supervising BAA. The BH policy and billing manual provides a detailed description of the requirements for rendering clinical management and case supervision.
- ABA specialty care services: Specialty care services require prior authorization. In cases where the needs of the member exceed the expertise of the AP and the logistical or practical ability of the AP to fully support the member, there is coverage for a referral to a MAD enrolled ABA specialty care practitioner (SCP).

- Treatment may vary in terms of intensity and duration, the complexity and range of treatment goals, and the extent of direct treatment provided. Many variables, including the number of behavioral targets, specific aspects of those behaviors, and the recipient's response to treatment protocols help determine which model is most appropriate. Although existing on a continuum, these models can be generally categorized as Focused ABA or Comprehensive ABA.

- **Focused ABA** treatment plans are appropriate for members who (a) need treatment only to develop a limited number of key functional skills or (b) have such risky problem behavior that its treatment should be the priority. Focused ABA generally ranges from 10-25 hours per week of direct treatment (plus direct and indirect supervision and caregiver training). However, certain programs for severe destructive behavior may require more than 25 hours per week of direct therapy (for example, day treatment or inpatient program for severe self-injurious behavior).
    - Dosage is determined by individualized factors and MAD requires the MCO to adhere to the recommendations from within the individual's ISP, the Grace Exception Practitioner, and/or Level of ASD diagnosis, as well as the recommendations from the ABA provider based on the individual's skill deficits as shown in the Stage 2 assessment. Individuals requiring substantial support (Level 2) or very substantial support (Level 3), will likely require a higher dosage of treatment under the selected service model. The BA will develop a discharge plan and update as the individual demonstrates that they have met the discharge goals; however, ABA is a medically necessary treatment and may always be required to maintain an individual's maximum level of functioning.
    - Although the presence of a problem behavior may trigger a decision for Focused ABA services more often than skill deficits, the absence of appropriate behaviors should be prioritized, as this is often the precursor to serious behavior problems. Therefore, a recipient who needs to acquire or maintain skills (e.g., communication, tolerating change in environments and activities, self-help, social skills) is also appropriate for Focused ABA. All Focused ABA Treatment Plans that target reduction of dangerous or maladaptive behavior must concurrently introduce and strengthen more appropriate, functional behavior.
    - When the primary focus of treatment is increasing socially appropriate behavior, services may be delivered in either an individual or small-group format. In small-group treatment for patients with developmental disorders, typically developing peers or individuals with similar diagnoses may participate in sessions. Members of the ABA treatment team typically guide patients through the rehearsal and practice of behavioral targets with each other. As is the case for all treatments, programming for generalization of skills outside of formal treatment sessions is critical. Skill acquisition targets in a Focused ABA Treatment Plan include any combination of the goal components identified.
    - Examples of behavior reduction targets in a Focused ABA Treatment Plan include, but are not limited to, self-injury, aggression towards others, dysfunctional speech, stereotypic motor behavior, property destruction, noncompliance and disruptive behavior, and dysfunctional social behavior.

- **Comprehensive ABA** Refers to an intensive intervention and treatment where there are multiple targets across most or all developmental domains that are affected by the recipient's ASD.
    - Initial treatment is often intensive and provided mostly in structured intervention sessions. Less structured treatment approaches are utilized if the recipient demonstrates the ability to benefit from them. As the recipient progresses and meets established criteria for participation in larger or different settings, treatment in those settings and in the larger community should be provided.
    - Targets are drawn from multiple domains related to cognitive, communicative, social, emotional, and adaptive functioning. Targets also include reducing maladaptive behavior such as aggression, self-injury, disruption, and stereotypy. Given the nature of comprehensive intervention, there must be a Prior Authorization from the EPSDT-aged recipient's MCO or TPA if services are rendered less than 20 hours per week on average. For an adult recipient, Comprehensive Services may range from forty 15-minute units (ten hours) to 160 15-minute units (40 hours).
    - Treatment often involves an intensity level of 30-40 hours of 1:1 direct treatment to the client per week, not including caregiver training, supervision, and other needed services. Dosage is determined based on medically necessity by individualized factors from within the individual's ISP, the Grace Exception Practitioner, and/or Level of ASD diagnosis, as well as the recommendations from the ABA provider based on the individual's skill deficits as shown in the Stage 2 assessment. Individuals requiring substantial support (Level 2) or very substantial support (Level 3), will likely require a higher dosage of treatment under the selected service model. Treatment hours are increased or decreased as a function of the recipient's response to treatment as well as the intensity needed to reach treatment goals. In some cases, direct treatment hours increase gradually, are maintained at maximum intensity for a period and are then systematically decreased in preparation for focused approach. In other cases, treatment may begin at maximum levels.

- Training and participation by members of the Family Set are also seen as important components. Every Treatment Plan must include ample units of ABA Stage 3 97156 and 97157. For a member of the Family Set who is unable to participate in every ABA Stage 3 session, the BA/Mentored BA is required to provide alternative methods such as the use of telemedicine to encourage the participation of the recipient's Family Set members.

- Stage 3 ABA treatment must be generalized across all-natural environments. MAD supports the delivery of ABA Stage 3 in all the following natural environments:
  - Home
  - School
  - Clinics, hospitals, outpatient services (physical and behavioral health)
  - Childcare Centers
  - Alternative living arrangements (such as but not limited to assisted or supportive living/housing, residential or institutional location such as ARTC/RTC/Group/TFC, nursing facilities)
  - Respite care
  - Day habilitation
  - Vocational or other educational classes
  - Community-based settings (e.g., stores, places of recreational or socialization)
  - Place of work
- Services provided in a school under an Individual Education Plan (IEP), or Individual Family Service Plan (IFSP) do not preclude medically necessary services that are being provided across natural settings, including schools. IEP-related services are still viewed as medically necessary (SLP, OT, PT, SW, etc. administer their own evaluations that determine the need for their services). These services are provided to address a child's disability as it affects them in the educational setting. IEP-related services address specific goals and objective to allow the child to access the educational curriculum and receive a Free and Appropriate Public Education. ABA services are not replacing educational instruction, they are supporting the recipient to participate in their educational services.

ABA Treatment Plan

- The ABA Treatment Plan must identify all target behaviors that are to be addressed by the ABA Stage 3 practitioners. The following elements are required in the treatment plan:
- (A) Must be completed as expeditiously as possible, but no later than two months after the completion of the 97151 and be updated prior to the end of the recipient's Prior Authorization period.
- (B) Address the maladaptive behavior(s), skill deficit(s), and symptom(s) that present a safety risk to self or others or prevent the recipient from adequately participating in home, school, and community activities, which may necessitate planned collaboration with an ABA Specialty Care Provider;
- (C) Include a goal of working with the Family Set of the recipient in order to assist with the acquisition, maintenance, and generalization of functional skills;
- (D) Incorporate strategies for promoting generalization and maintenance of the goal's behavior change with the recipient's Family Set;
- (E) Specify where services are delivered (e.g., home or clinic) in each ABA Stage 3 Service Authorization- initial and ongoing - and in the ABA Treatment Plan; take into account all school or other community resources available to the recipient, and coordinate therapies (e.g., IEP-related services provided in school), with other interventions and treatment (e.g., speech, occupational therapy, physical therapy, individual and family outpatient counseling, and medication management, both physical and behavioral health);
- (F) Be signed by the BA/Mentored BA responsible for ABA Treatment Plan development and oversight of its implementation by one or more BAAs or BTs, if services are not implemented by the BA/Mentored BA directly;
- (G) Be time-limited such that the ABA Treatment Plan can be executed within the Prior Authorization period with ongoing Prior Authorization requests during the approved Service Authorization period, continue to be diagnosed with ASD, and with the understanding from the MCO or TPA that clear and compelling positive behavior change from comprehensive intervention services may not be observed following the initial and possible next Prior Authorization period;
- (H) Be recipient-centered, Family Set-focused, and minimally intrusive, with a focus on family engagement, training, and support; if members of the Family Set cannot face-to-face attend the recipient's sessions, then other opportunities must be explored, such as the members of the Family Set participating via telemedicine (in real-time or through store-and-forward means);

- (I) Be specific and individualized to the recipient, with clear identification and description of the target behaviors and symptoms;
- (J) Include objective data on the baseline level of each target behavior/symptom in terms of directly observed and measured frequency, rate, latency, or duration, and include scores and interpretation from criterion-referenced, norm-referenced, and/or standardized assessment tools (e.g., The Verbal Behavior Milestones Assessment and Placement Program [VB-MAPP], The Assessment of Basic Language and Learning Skills-Revised [ABLLS-R], Vinland, Adaptive Behavior Assessment [ABAS] and Pervasive Developmental Disorder Behavior Inventory [PDDBI]), as applicable;
- (K) Include a comprehensive description of interventions and intervention procedures specific to each of the targeted behaviors/symptoms, including documentation of approximately how many service units will be allocated to each;
- (L) Establish treatment goals and objective measures of progress on each goal specified to be accomplished in the recipient's Prior Authorized period;
- (M) Incorporate strategies for promoting generalization and maintenance of behavior change; and
- (N)Offer measurable discharge criteria and discharge planning that begins the first date of ABA Stage 3 services. A recipient is discharged when: symptoms related to ASD have been remediated; 2) symptoms related to ASD no longer cause clinically significant impairment, resulting in functional limitations that constitute a barrier to quality of life; 3) symptoms no longer interfere significantly with home, community, and age-appropriate activities.

References

New Mexico Code R. § 8.321.2.12, Section 8.321.2.12 - APPLIED BEHAVIOR ANALYSIS (ABA). Adopted by New Mexico Register, Volume XXX, Issue 23, December 17, 2019, eff. 1/1/2020, Adopted by New Mexico Register, Volume XXXII, Issue 15, August 10, 2021, eff. 8/10/2021.

State of New Mexico Medical Assistance Program Manual Supplement, April 13, 2023. APPLIED BEHAVIOR ANALYSIS (ABA) GUIDANCE Number: 23-02. https://www.hsd.state.nm.us/wp-content/uploads/SUPPLEMENT-APPLIED-BEHAVIOR-ANALYSIS-ABA-GUIDANCE-FINAL.pdf

Revision History

Date	Summary of Changes
06/01/2024	Version 1